

☒ YES ☐ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any DENIS CHASEK Artist JANE PARSHALL
FIRST NAME LAST NAME
Address 337 STORER AV., AKRON 2, SUMMIT Tel. UN-4-4359
NO. STREET CITY ZONE COUNTY

☐ YES ☒ NO

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Use second blank if required

REC'D MAR 11 1963

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

Jane Tarshell
SIGNATURE